

Hazardous Waste Section
File Room Document Transmittal Sheet

17

Your Name: MEL DEAVER
EPA ID: NCR000138875
Facility Name: WALGREENS 7476
Document Group: General (G)
Document Type: Notification 8700 (8700)
Description:
Date of Doc: 3/27/2015
Author of Doc: KIM DASCOLI

File Room Use Only

Date Recieved by File Room:
Date Scanned:

Month	Day	Year
11	10	15

NCR000138875

Scanner's Initials: SA



North Carolina Department of Environment and Natural Resources

Pat McCrory
Governor

Donald R. van der Vaart
Secretary

May 14, 2015

ANDREW MARKS
WALGREENS 7476
104 WILMOT RD MS #1434
DEERFIELD, IL 60015

RE: EPA ID # NCR000138875 - WALGREENS 7476

Dear Facility Contact:

The North Carolina Hazardous Waste Section has received a Subsequent Notification from your facility. Our office has accepted and processed the changes. Attached is a RCRA Site Detail Report for your review to ensure that the information is accurate.

If you have any questions or need additional assistance, please feel free to contact Melodi Deaver at (919)-707-8204.

Sincerely,

Patricia Davalos
Business Officer/Supervisor,
HW Financial and Information Management Unit

cc: Central Files (General)

IBeam - RCRA Site Detail

Report run on: May 14, 2015

NCR000138875 WALGREENS 7476

County: DARE Source Type: S Seq Number: 10 Received Date: 07 Apr 2015

Location 1200 S CROATAN HWY Address: KILL DEVIL HILLS, NC 27948	Mailing 104 WILMOT RD MS #1434 Address: DEERFIELD, IL 60015
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Contact Person ANDREW MARKS For Source (847) 315-2602 Information	104 WILMOT RD MS #1434 DEERFIELD, IL 60015 US
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Owner (current) LRC KILL DECIL INVENTORS LLC	1585 FREDERICK BLVD AKRON, OH 44320	Type: P
From: 06/21/2003	To:	Phone: (330) 253-6985

Operator (current) WALGREEN CO	1200 S CROATAN HWY KILL DEVIL HILLS, NC 27948	Type: P
From: 07/09/2003	To:	Phone:

Land Type: P	Non Notifier : E	Commercial Availability:	Tsd Date:
Accessibility:	No. Employees : 0	State District:	

REGISTERED WASTE ACTIVITIES

Hazardous Waste Generator Status - Federal: Conditionally Exempt SQG; State: Conditionally Exempt SQG			
Transfer Facility:	No	Used Oil Activities	
Other Hazardous Waste Generator Activities		Used Oil Transport Activity	Off-Specification Used Oil Burner: No
Importer Activity:	No	Transporter: No	Used Oil Fuel Marketer Activity
Mixed Waste Generator:	No	Transfer Facility: No	Marketer who direct shipment off-specification used oil to off-specification used oil burner: No
Transporter Activity:	No	Used Oil Processor and/or Re-refiner Activity	Marketer who first claims the used oil meets the specifications: No
TSD Activity:	No	Processor: No	
Recycler Activity:	No	Refiner No	
Exempt Boiler and/or Industrial Furnace		Underground Injection Control: No	Destination Facility for Universal Waste: No
Small Quantity Onsite Burner Exemption:	No		
Smelting, melting, Refining Furnace Exemption:	No		

CERTIFICATION INFORMATION

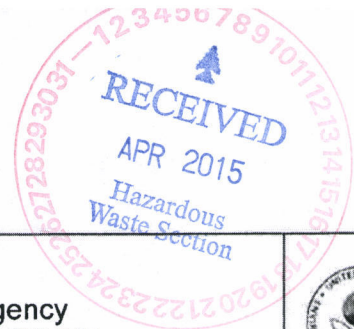
First Name : KIM	Title COMPL MGR
Last Name : DASCOLI	Date Signed 03/27/2015


NAICS CODES

446110

COMMENTS

UPDATED 8700-12 DATED 3/27/2015 NAICS CODE SITE MAILING ADDRESS, SITE CONTACT PERSON, LEGAL OWNER/OPERATOR INFOR. WASTE CODES. MD 5/13/2015



SEND COMPLETED FORM TO: The Appropriate State or Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		
1. Reason for Submittal MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input checked="" type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <input type="checkbox"/> Site was a TSD facility and/or generator of >1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)		
2. Site EPA ID Number	EPA ID Number N C R 0 0 0 1 3 8 8 7 5		
3. Site Name	Name: Walgreens 7476		
4. Site Location Information	Street Address: 1200 S Croatan Highway City, Town, or Village: Kill Devil Hills State: NC Country: USA County: Dare Zip Code: 27948		
5. Site Land Type	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. NAICS Code(s) for the Site (at least 5-digit codes)	A. 4 4 6 1 1 0 C. B. D.		
7. Site Mailing Address	Street or P.O. Box: 104 Wilmot Road MS #1434 City, Town, or Village: Deerfield State: IL Country: USA Zip Code: 60015		
8. Site Contact Person	First Name: Andrew MI: J Last: Marks Title: Senior Regulatory Lawyer Street or P.O. Box: 104 Wilmot Road MS #1434 City, Town or Village: Deerfield State: IL Country: USA Zip Code: 60015 Email: andrew.marks@walgreens.com Phone: 847-315-2602 Ext.: Fax: 847-714-7332		
9. Legal Owner and Operator of the Site	A. Name of Site's Legal Owner: LRC Kill Devil Inventors LLC Date Became Owner: 6/21/2003 Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other Street or P.O. Box: 1585 Frederick Blvd City, Town, or Village: Akron Phone: 3302536985 State: OH Country: USA Zip Code: 44320 B. Name of Site's Operator: Walgreen Co. Date Became Operator: 7/9/2003 Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

10. Type of Regulated Waste Activity (at your site)

Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

A. Hazardous Waste Activities; Complete all parts 1-10.Y ☒ N ☐**1. Generator of Hazardous Waste**

If "Yes," mark only one of the following – a, b, or c.

- ☐ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs/mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs/mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs/mo) of acute hazardous spill cleanup material.

- ☐ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs/mo) of non-acute hazardous waste.

- ☒ c. CESQG: Less than 100 kg/mo (220 lbs/mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities in 2-10.

Y ☐ N ☒

- 2. Short-Term Generator** (generate from a short-term or one-time event and not from on-going processes). If "Yes," provide an explanation in the Comments section.

Y ☐ N ☒

- 3. United States Importer of Hazardous Waste**

Y ☐ N ☒

- 4. Mixed Waste (hazardous and radioactive) Generator**

Y ☐ N ☒**5. Transporter of Hazardous Waste**

If "Yes," mark all that apply.

- ☐ a. Transporter
☐ b. Transfer Facility (at your site)

Y ☐ N ☒**6. Treater, Storer, or Disposer of Hazardous Waste**

Note: A hazardous waste Part B permit is required for these activities.

Y ☐ N ☒**7. Recycler of Hazardous Waste**Y ☐ N ☒**8. Exempt Boiler and/or Industrial Furnace**

If "Yes," mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption
☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒**9. Underground Injection Control**Y ☐ N ☒**10. Receives Hazardous Waste from Off-site****B. Universal Waste Activities; Complete all parts 1-2.**Y ☐ N ☒

- 1. Large Quantity Handler of Universal Waste** (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes," mark all that apply.

- a. Batteries ☐
b. Pesticides ☐
c. Mercury containing equipment ☐
d. Lamps ☐
e. Other (specify) _____ ☐
f. Other (specify) _____ ☐
g. Other (specify) _____ ☐

Y ☐ N ☒

- 2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities; Complete all parts 1-4.Y ☐ N ☒**1. Used Oil Transporter**

If "Yes," mark all that apply.

- ☐ a. Transporter
☐ b. Transfer Facility (at your site)

Y ☐ N ☒**2. Used Oil Processor and/or Re-refiner**

If "Yes," mark all that apply.

- ☐ a. Processor
☐ b. Re-refiner

Y ☐ N ☒**3. Off-Specification Used Oil Burner**Y ☐ N ☒**4. Used Oil Fuel Marketer**

If "Yes," mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

❖ You can ONLY Opt into Subpart K if:

- you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND
- you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

Y ☐ N ☒ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

- ☐ a. College or University
- ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- ☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

Y ☐ N ☒ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories**11. Description of Hazardous Waste****A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D002	D003	D005	D007	D009	D010
D011	D018	D035	U002	U010	U035	U044
U058	U059	U072	U085	U089	U129	U150
U154	U188	U200	U201	U206	U237	P001
P042	P075					

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

12. Notification of Hazardous Secondary Material (HSM) Activity

Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes," you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

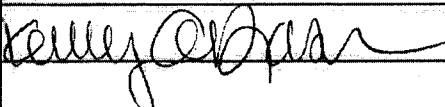
13. Comments

This filing is being made to change the generator status for this site from SQG to CESQG.

Additionally, if the site mailing address, site contact name and or address have changed, it is being used to do so.

If the Operator or owner information is different from what is currently on file, it is being used to update this as well.

14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Kim Dascoli, Compliance Manager	3/27/2015